



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
INTOX DMT MAINTENANCE REPORT

RECEIVED

REPORT 01

By Carol Day at 12:30 pm, Apr 07, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX DMT SN 500052	NAME OF AGENCY Missouri State Highway Patrol	DATE OF INSPECTION 03/30/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 200 W. 9th St., Henrietta, MO 64036		TIME OF INSPECTION 19:37:30

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

DATE AND TIME <u>03/30/2014 19:37:32</u>	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTER 1
<input checked="" type="checkbox"/> SAMPLE CHAMBER <u>48.7°C</u>	<input checked="" type="checkbox"/> FILTER 2
<input checked="" type="checkbox"/> BREATH TUBE <u>48.1°C</u>	<input checked="" type="checkbox"/> FILTER 3
<input checked="" type="checkbox"/> PUMP	<input checked="" type="checkbox"/> INTERNAL STANDARD

BREATH ANALYZER ACCURACY STANDARDS

<input type="checkbox"/> SIMULATOR STANDARD	<input checked="" type="checkbox"/> COMPRESSED ETHANOL-GAS MIXTURE
<input checked="" type="checkbox"/> STANDARD SUPPLIER <u>ILMO</u>	LOT # <u>21913080A5</u> EXP. DATE <u>09/02/2015</u>
<input type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) _____	SIMULATOR SN _____ SIMULATOR EXP DATE _____

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)  
Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used.

- ☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☒ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1: 0.077	TEST 2: 0.078	TEST 3: 0.078
---------------	---------------	---------------

☒ PERFORM R.F.I. TEST

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS: 0	0-.04: 50	.05-.09: 0	.10-.14: 1	.15-.19: 0	OVER .19: 0
-------------	-----------	------------	------------	------------	-------------

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY)

Removing from service for software update.

INSPECTING OFFICER

SIGNATURE <i>CPL. Neil K. Johnson</i>	PRINT FULL NAME NEIL K JOHNSON	
TYPE II PERMIT NUMBER 240096	EXPIRATION DATE 03/11/2016	TELEPHONE NUMBER 816-622-0800

RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services  
Southeast District Office  
2875 James Blvd, Poplar Bluff, MO 63901



7 Empire Dr. • P.O. Box 790 • Jacksonville, IL 62151-0790  
217-245-2183 • Fax: 217-243-7644 • www.ilmoindustrial.com

### Certificate of Analysis

Certificate ID: 5181  
Part #: 8AC105L080T  
Cylinder Size: 105L  
Lot Number: 21913080A5  
Expiration: 9/1/2015

0.050 BAC (For use with breath alcohol testing instruments)

Container	105 Liters @ 1000 psig 70°F (21°C)		
Component	Concentration	Accuracy	Method
Ethanol	200 ± 5%	± 0.002 or 2%	NDIR
Nitrogen	Balance	BAC reclaimer	1 gram

\*NIST Standard Reference Material  
Cylinder No. GC4390 / Job No. 09142002  
Certified 212.9 umol/mol Ethanol in Nitrogen  
for ILMO Products Co., Jacksonville, IL

*Joseph M. Wether*  
Specialty Gas Lab Tech

Distributed by:  
CMI Inc.  
316 East Ninth Street  
Owensboro, KY 42303  
Phone 800-835-0690  
www.alcoholtest.com



ISO/IEC 17025:2005 Accredited Laboratory



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

## PERMIT TYPE II

NEIL K. JOHNSON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER, INTOX DMT**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 3/11/2014

NUMBER 240096

EXPIRES 3/11/2016

MO 560.371 (8-10)

*Neil K. Johnson*

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

*Paul Vashely*

acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LSH-4 (8-10)